SOUNDFAIR
HEARING CENTRE

REFERRAL FORM

Call Soundfair on **(03) 9510 1700** to book an appointment, or email us **info@soundfair.org.au**
1 Hamilton Place, Mount Waverley, VIC 3149

Patient/Client

Title First name Last name

DOB Phone Email

Does the patient require an interpreter? Language

Please select the services your patient requires

AUDIOLOGY			
Hearing test (including audiometry, tympanometry and speech testing) Tympanometry only	Hearing aid opinion Hearing Bank service Are there any medical contraindications to the fitting of hearing aids if required? No Yes	Tinnitus assessment	Wax removal
HEARING WELLBEING SERVICES			
Connection Coach (whole person support, goal setting, action plan and case management)	Wellbeing supports for hearing conditions	Tinnitus management	Hearing protection

Do you require a written report on this patient?

Yes, please Not at this time, thanks

Does your practice need any brochures or a staff information session on our services?

Yes, please Not at this time, thanks

Referring practitioner

Title First name Last name

Medicare provider number Practice details/ stamp

Date Signature

Thank you for your referral.